

# Foster Family Home - Corrective Action Report

Provider ID: 1-120041

Home Name: Glay-Ann Molina, CNA

Review ID: 1-120041-4

99-123 Ohiakea Street

Reviewer:

Aiea

HI 96701

Begin Date: 7/5/2016

End Date: 7/5/16

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person recertification review made on 7/5/16.  
PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

*Glay-Ann Molina*

Primary Care Giver

Date

*7/5/16*

Date